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ABSTRACT

This paper, a literature review on adolescent suicide, was written to provide family life professionals with help in identifying adolescents at-risk for suicidal behavior, providing more effective interventions for suicidal adolescents and their families, and developing policies and preventive measures. The paper includes an overview of theoretical models used to explain adolescent suicidal behavior, including Durkheim's theory of suicide, social learning theory, psychoanalytic theory, psychological and social-psychological approaches, biological approaches, family systems theory, and human ecological theory. Emphasis is placed on the human ecological model, which provides a multidisciplinary approach to understanding adolescent suicide that incorporates individual, environmental, and social system factors that may influence adolescent suicidal behavior. As a first step toward an ecosystem intervention approach for suicide prevention and intervention, existing literature on adolescent suicide is reviewed and categorized according to the human ecological model, with an emphasis on family dynamics and suicidal behaviors. Ecosystem predictors of suicidal behaviors are discussed at the organism, microsystem, mesosystem, exosystem, and macrosystem levels. Recommendations for interventions and prevention efforts are made at each of the levels. Fifty-nine references are included. (NB)

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Adolescent Suicide and Families

A Review of the Literature with Applications

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Running Head: ADOLESCENT SUICIDE

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Adolescent Suicide and Families:
A Literature Review with Applications

Abstract

Over the past several years the issue of suicidal adolescents has become not only an issue of increasing concern for family professionals and educators. This paper begins with an overview of the current theoretical approaches to understanding adolescent suicide (i.e., Durkheim's theory of suicide, social learning theory, psychoanalytic theory, psychological and social-psychological approaches, biological approaches, family systems theory and human ecological theory). Existing literature on adolescent suicide is reviewed and categorized according to the human ecological model, with an emphasis upon family dynamics and suicial behaviors. Recommendations are made for preventions and interventions at the organism, microsystem, macrosystem, exosystem and macrosystem levels.

Adolescent Suicide and Families
A Literature Review with Applications

Suicide is the third leading cause of death among 15 to 24 year olds in the United States. Over 5000 deaths by suicide occur in this age group each year, averaging 14 each day. The suicide rate among adolescents 15 to 19 years of age rose 142% between 1960 and 1981, with the greatest increase among white males. Suicide rates among 10 to 14 year olds have increase slightly during the same time period resulting in about 560 deaths per year (Hawton, 1986).

Further, it is estimated that five times as adolescent suicide attepts occur daily, totaling about 65 attempts each day (Tishler, McKenry, & Morgan, 1981). The actual number of suicides and attempted suicides among youth are probably underestimated due to the numbers of adolescent suicide attempts and completions officially recorded as accidents.

Given the number of adolescents and families at-risk for adolescent suicidal behavior, professionals need to understand the contexts in which suicidal behaviors occur. The purpose of this paper is to review the literature available to prepare family life professionals to: (1) determinine adolescents at-risk for suicidal behavior, (2) provide more effective interventions for suicidal

adolescents and their families, and (3) help develop policies and preventive measures.

Theoretical Views of Adolescent Suicide

Theoretical models used to explain adolescent suicidal behavior have included Durkheim's theory of suicide, social learning theory, psychoanalytic theory, psychological and social-psychological approaches, biological approaches, family systems theory and human ecological theory. This section presents an overview of the theories, emphasizing the human ecological model.

Durkheim's Theory of Suicide

Durkheim (1951) proposed that the rates of suicide were related to the degree of integration of particular social structures (i.e., church, family, political system) and to the degree of regulation within the social system. Two types of suicide were predicted by the level of social integration in societies: egoistic suicide and alturistic suicide. Egoistic suicide occurs when there is a low level of integration among social institutions demonstrated by a lack of common beliefs, values, traditions and views among members of the society. Individuals assert themselves

apart from social group, losing social meaning in life. This creates intolerable burdens for individuals suicide rates are high. High levels of integration also predicts high suicide rates as individuals become highly absorbed in social institutions. Thus, alturistic suicide results when individuals end their lives under conditions determined by the society.

Further, Durkheim (1951) found the degree of social regulation was a key predictor of alturistic suicide and fatalistic suicide. Low social regulation results in "anomie" as social change places people in new circumstances where the old moral rules no longer apply. Individual passions and desires are no longer subject to social restraint and outpace their resources, resulting in frustration. Rapid rapid social change results reduced regualtion and feelings of anomie, or alientation. Anomic suicide occur as individuals sacrifice their lives for the goals of the social group. When regulation is high, "fatalism" occurs. Fatalistic suicide, although not strongly verified in Durheim's research, is defined as suicide due to inflexible social constrants where individual desires are stiffled.

Social Learning Theory

Social learning theory has been posited as a explanatory model for adolescent suicidal behaviors. When other familiy members

attempt suicide, adolescents vicariously learn that suicide is an acceptable means of addressing life problems or for gaining attention (Hawton, 1986). Further, when parents' respond to the suicidal gestures of youth they may be reinforcing this coping style. Thus, the child learns pathological, rather than adaptive coping strategies (Frederick & Resnick, 1971).

Psychoanalytic Theory

From a psychoanalytic perspective, the suicidal adolescent presents an outward reason suicide attempts. Inwardly, however, the suicide is an action designed to deal with the loss of love due to rejection or depravation. Anger toward the source of lost love is turned into self-destructive suicidal tendencies. Thus, a core componet of the "suicidal personality" in adolescents is the felt loss of love (Holinger & Offer, 1981).

Adolescents are viewed as being at particular risk for suicidal rates since the age of puberty is a crucial period of development with respect to self-destructive drives. Deficient ego development during adolescence can result in suicidal tendencies that manifest an unconscious death wish (Holinger & Offer, 1981).

Psychological and Social-Psychological Theories

Psychological approaches present adolescent suicidal behaviors as a result of individuals inabilities ability to develop adapt to and cope with the stresses of life. Attempts are made to identify the personal characteristics of suicide attempters or completers. For example, a "psychological autopsy" of adolescent suicide victims may be conducted by interviewing and collecting data from family, relatives, friends and significant others to determine to chacteristics of the suicide victim (Shafii, Carrigan, Whittinghill, & Derrick, 1985).

Social-psychological approaches place greater emphasis upon identifying situational factors (e.g., family factors, environmental changes, social factors, childhood maltreatment, relationship problems) associated with adolescent suicidal behavior. These explanations have received considerable research attention.

Biological Theories

An additional approach to predicting adolescent suicide utilizes biological studies (Holinger & Offer, 1981). Some biological models focus upon the relationship of mental illnesses with biological components (i.e., schizophrenia or manic-depressive illness) as precursors to adolescent suicide. Heredity has also

been proposed as providing tendency toward suicidal behavior. For example, both aolescents who attempt suicide (Hawton, 1986) and those who complete suicide (Cosand, Bourque, & Kraus, 1982; Garfinkel & Golombek, 1983; Schaffer, 1974) often have a family history of psychiatric disorders. Another biological explanation is that biochemical changes occur in the body that make adolescents more vulnerable to affective disorders (e.g., depression) that may lead to suicidal acts (Holinger & Offer, 1981; Shaughnessy & Nystul, 1985).

Other biological explanations include predictions of adolescent suicide based upon factors such as whether teenagers had a difficult birth or or if their mothers were ill during pregnancy (Salk, Lipsitt, Sturner, Reilly, & Levat, 1985). Consideration has also been given to the relationship between adolescent physical illness and suicide. This relationship appears to be more common in adults than in teenagers (Hawton, 1986).

Family Systems Theory

Family systems theory is used in the study and treatment of adolescent suicide (Frances & Clarkin, 1985; Heillig, 1983; Landau-Stanton & Stanton, 1985; Molin, 1986; Walker & Mehr, 1983). Rather than viewing suicidal acts as a result of severe hoplessness or depression, the family systems model presents adolescent suicide

such as accepting a family member leaving home or diverting family attention to other conflicts (Landau-Stanton & Stanton, 1985). The suicidal adolescent becomes the focal point of the family, leaving other problems in family interections intact. If the suicidal adolescent recovers, another family member is likely to develop a problem that becomes the focus of the family unless interaction patterns are changed.

Human Ecological Theory

Human ecological theory provides a multidisciplinary approach to understanding adolescent suicide that incorporates individual, environmental and social system factors that may inluence adolescent suicidal behaviors. Adolescent suicidal behavior may be viewed as the result of difficulties that arise in the "interplay of biological, psychological, social, and cultural forces at work in transforming a child into an adult" (Garbarino, 1985, pp. 50).

Human ecological theory can provide a more comprehensive and integrated understanding of adolescent suicidal behavior than the theories presented above. The previous theories emphasize specific aspects of the adolescent's world that may predict suicidal behaviors. The human ecological model allows consideration of the wide range of factors that may lead to suicidal behaviors. Further,

within the total ecosystem, a variety of prevention and intervention opportunities occur.

Currently, the human ecological model has received minimal attention as a model for examining adolescent suicidal behavior (e.g., DenHouter, 1981). Garbarino (1985) provids a preliminary base for conceptualizing adolescent suicidal behavior withing the human ecological framework by expanding upon Bronfenbrenner's (1979) original model. Adolescent sucidial behaviors, emerge from adolescents' interactions and interdependencies within their ecological environments. The ecological environment "is conceived topologically as a nested arrangement of concentric structures, each contained within the next" (Bronfenbrenner, 1979, p. 22).

The first level of the ecological environment is the individual organism or adolescent (Garbarino, 1985). At this level demographic and psychological qualities of adolescents that predict suicidal behaviors are considered.

The organism (or individual adolescent) does not function within a vacuum. Instead, the youth is a member of several microsystems or immediate settings such as the family, peer group, school and work (Bronfenbrenner, 1979). Several predictors of adolescent suicidal behaviors have been found within the microsystems.

Varying degrees of interdependence occur within an adolescent's microsystems. These links between the adolescent

microsystems are described as the mesosystem of the youth (Bronfenbrenner, 1979; Garbarino, 1985). For example, in a rural area parents are likely to know the families of peers, teachers and employers of their adolescents. In contrast, a teenager living in a suburb of a major metropolitan area may have friends, teachers, or employers whom their parents have not met.

The next level of the adolescent ecosystem is the exosystem, which is composed of settings that indirectly influence the youth. For example, there is some evidence that recent changes in residence predict a greater risk for adolescent suicidal behaviors (McKenry, Tishler, & Cristman, 1980). Often, the decision to move may be a decision made because parental careers (a part of the exosystem) rather than factors about teenagers. Other exosystem issues that indirectly influence adolescents are decisions made by local school boards or the mass media.

Finally, the macrosystem includes the broad institutional or ideological patterns of the culture or subculture that indirectly influence adolescent suicidal behaviors. Elements of the macrosystem include the economic, social, educational, medical, legal and political systems that example of systems that indirectly influence adolescents. For example, during the 1960s and 1970s the adolescent suicide rates in Japan decreased at the same time increases were noted in the United States and Canada. A possible explanation for the decrease in completed suicides in Japan during

this time was the improvement in Japanese medical services that may have resusicated a greater portion of suicide attempters (Hawton, 1986).

Although the human ecological model has been successfully utilized in the treatment of other issues such as alcoholism (Gacic, 1986), no parallel interventions for adolescent suicidal tendencies appear in the literature. This paper was developed to serve as a first step toward an ecosystem intervention approach for suicide prevention and intervention. Existing reserch and theory on adolescent suicidal behaviors are integrated into the human ecological perspective. Recommendations are made for additional research and policy in the area of adolescent suicidal behavior.

Ecosystem Predictors of Adolescent Suicidal Behaviors

Organism Level Predictors

Although the focus of this paper is upon predictors of suicide within the family microsystem, brief consideration will be given to individual factors related to adolescent suicidal behavior. Individual adolescents who are suicidal have been found to have feelings of hopelessness (Allen, 1987; Emery, 1983); difficulty in adapting to change (Cosand, Bosque, & Fraus, 1982); report depresion (Allen, 1987; Emery, 1983; McCants, 1985; Stephens,

1986); feel lonley (Allen, 1987); have a sense of persoanbl inadequacy or failure; report a low self-esteem (Allen, 1987; Mckenry, Tishler, & Kelly, 1982); be socially isolated (Emery, 1983; Hawton, 1986; Holinger & Offer, 1982; Marks & Haller, 1977); have cumulative stress (Hawton, 1986; McKenry, Tishler, & Christman, 1980; Tishler et al., 1981); or have made other suicide attempts or threats (Garfinkel, Froese, & Hood, 1982; Gispert, Wheeler, Marsh, & Davis, 1985; Hawton, 1986).

Sex differences appear as more males are reprsented in completed suicides (Allen, 1987; Smith, 1981). More female adolescnets attempt suicide (Allen, 1987; Cosand et al, 1982; Hawton, 1986). Although a few studies focus upon completed adolescent suicides, the majority of studies of individual factors are of suicide attempters. Additional work is needed to distinguish between adolescent suicide completers and attempters.

Microsystem Level Predictors

Family Microsystem

In addition to the individual factors that may predict suicide, several factors in the family microsystem have been identified (Hawton, 1986; Strother, 1986; Tishler, McKenry & Morgan, 1981). Smith (1981) suggests that trouble within the family is a predominant issue to be considered when working with suicidal

adolescents. Within this section, issues within the family microsystem that are common in families of suicidal adolescents will be presented.

Loss of a Family Member. Many reserachers have found one of the most commonly reported precipitating events leading to adolescent suicidal behaviors to be the loss of a family member or close friend through death, divorce or chronic mental illness (Allen, 1987; Miller, 1975; Rosenkranz, 1978; Smith, 1981; Stephens, 1985). Strother (1986) suggests that suicide attempts are often impulsive reactions to loss. Rosenkranz (1987) found that suicidal gestures and threats more often followed loss that was not permentant, such as parental separation. Some scholars also suggest that the death of a pet can serve as a precipitating event (McKenry, Tishler, & Cristman, 1980; Smith, 1981). Furthermore, parental death was more closely linked to completed suicides.

Feeling Ignored by Parents. Another factor reported by adolescents as a precipitating event leading to a suicide attempt was feeling ignored or rejected by one or both parents (Allen, 1987; Hawton, 1986; Marks & Haller, McKenry, Tishler, & Kelly, 1982). In a study of fifty female suicide attempters, the majority felt there was a lack of nurturance by their parents (Stephans, 1986).

Family Economic Insecurity. Adolescents in families with high levels of economic insecurity or pressures are considered as being at higher risk for adolescent suicidal tendencies (McKenry, Tishler, & Cristman, 1980; Smith, 1981; Stephans, 1986). Cosand et al., found family economic pressures to be common among adolscent suicide completers. Economic pressures may emerge from microsystem issues or from economic conditions related to factors at the exosystem (e.g., parents' employer) or macrosystem (e.g., a recession) levels.

High Levels of Parental Alcohol Use. Parents of suicidal adolescents have been found to use alcohol more than non-suicidal adolescents (Garfinkel, Froese, & Hood, 1977; Hawton, 1986; Smith, 1981). Further investigation in necessary to determine whether this factor alone is signifcant or if related factors (e.g., adolescents feeling ignored) mediate the effect of alcohol use.

Depression or Suicide Attempts in Other Family Members. In a study of parents of adolescent suicide attempters, higher levels of depression were found in the parents, especially fathers (Tishler & McKenry, 1982). Lower self-esteem in fathers was also been found to be a predicor of suicidal behavior in adolescents. Since this data was gathered soon after the adolescent suicide attempt, further research is needed to determine if the same results would be found at a different time.

Several scholars note that a history of family suicide attempts is common among suicidal adolescents (Allen, 1987; Garfinkel et al, 1982; Landau-Stanton & Stanton, 1985; McKenry et al, 1982; Tiecher & Jacobs, 1966). Hawton (1986) interprets this correlation as an indicator that suicide attempts in some families may serve as a readily available method of dealing with stress.

High Parental Expectations. Adolescents who demonstrate suicidal tendencies often feel that their parents expect more than they can produce (Allen, 1987; McKenry et al., 1982; Stephans, 1986; Teicher & Jacobs, 1966). For example, gifted adolescents who tend to perform well often exhibit sucidial tendencies in response to unrealistically high expectations (McCants, 1985). Factors in the parent-child relationship appear to be more important precdictors of suicidal behaviors in younger adolscents (Triolo, McKenry, Tishler, & Blyth, 1984).

Excessive Residential Mobility. Allen (1987) suggests that after repeated residential relocations an adolescent may gain a sense of rootlessness that may interferene later difficulties with long-term personal relationships, vacillation of goals and values. This disruption of the identity development process can lead to an insecurity resulting from fear or expectations that everything is subject to change.

Poor Family Communication. "Williams and Lyon (1976) found that families of suicidal adolescents tend to be rigid, not

allowing adolescents to try out new roles in the family. The rigidity was found to emerge from the interactional patterns of the family. These families demonstrated higher levels of conflict and lower levels of effective communication in decision-making. In a related study, both suicidal adolescents and their parents reported low levels of satisfaction with family relationships (McKenry, Tishler, & Kelly, 1982). The adolescents not only rated their relationships with parents as poor, they also saw their parents' marriages as not well adjusted. Tishler, McKenry and Morgan (1981) found that 52% of adolescent suicide attempters in their study reported problems with their parents and 15% reported problems with siblings. This type of family environment provides less opportunity for healthy adolescent identity dvelopment.

Sibling Rivalry. Suicidal adolescents often have difficutly with siblings in the form of recurring conflicts or jealousy (Hawton, 1986). Williams and Lyon (1976) noted that the poor relationships with siblings can contribute to an overall ineffective family communicational structure in families of suicidal adolescents. A related finding is that suicide attempters are overrepresented by first born females (Canter, 1972).

Abuse or Neglect. Concern has been expressed abut the possible link between earlier child abuse and neglect and later adolescent suicide attempts (Deykin et al, 1985). Concern has also been expressed about physical violence during adolescence serving as a

precipitating event leading to suicide attempts. In addition, the incidence of sexual abuse within the family has been described as a predictor of sucidal adolescent females using clinical observations (Anderson, 1981). So far, the association between abuse and suicidal behaviors relies upon pilot studies and clinical observations.

A relationship between observing physical violence in the family and adolescent suicide attempts has been found (Hawton, 1986). When youth obersve spouse abuse, parental suicide attempts and other violence within the home such behaviors can become part of a cycle of aggression in the home emerging from both internal and external sources. The adolescent may learn that violence towards oneself, including suicide attempts are acceptable ways of coping with problems.

Adolescents Beginning their Families. While divorce rates tend to be higher among single adults, the opposite appears to be true for adolescents. Married adolescents have higher suicide rates than single adolescents. In the United States the suicide rate for married adolescent males is about 1.5 times greater than for unmarried males. For married adolescent females the rate is approximately 1.7 times greater than for unmarried adolescent females (Hawton, 1986). Further information is necessary about the factors leading to adolescent decisions to marry to interpret this data. Many troubled adolescents may use marriage as a means to

enter a new new family microsystem and to avoid conflicts within the family of origin.

Higher rates of suicidal behavior occurs in adolescent females who are pregnant. New mothers and those recently having an abortion are also at higher risk for suicide (McKenry et al., 1980). Clearly, teenage pregnancy is associated with increased risk for suicide.

Other Microsystems

Although the focus of this paper is upon the family microsystem, adolescents are usually part of several other microsystems. Adolescent suicidal behaviors have been found to be predicted by factors within other adolescent microsystems. A few other microsystems will be considered.

Peers .The most common predictor of adolescent suicidal behavior relating to peers appears to be problems with a girlfriend or boyfriend (Allen, 1987; Hawton, 1986; Tishler et al., 1981). Problems with a boyfriend or girlfriend tend to be common precipitating events for suicidal gestures. Research in this area tend to be vague, not specifically stating the whether these difficulties relate to sexual interaction, feelings of rejection or other issues.

Schools. Adolescents making severe attempt tend to be successful at school. Those making less serious attempts tend to be failing at school (Garfinkel & Golombek, 1983). Considerable information is available for interventions in adolescent suicide at school. However, less is known about the influence of the schools on suicidal behaviors, except with the gifted.

Although being intellectually gifted alone does not predict higher rates of adolescent suicide, particular stresses occur for the gifted. Delise (1986) identified qualities common in the gifted: (1) perfectionism, or the personal expectation to achieve at superior levels; (2) societal expectations to achieve by parents and teacher; (3) differential development of intellectual and social skills occurs where the youth functions well academically but lacks the development of social skills; and (4) the ability to see potential for solving world problems coupled with an inability to affect change in the real world. Immature social development among the gifted may result in the lack of identification with peers, a risk factor for adolescent suicide (Delise, 1982; Grueling & DeBlassie, 1980). Evidence shows gifted students are at high risk for suicide, with gifted girls representing the largest category of suicide attempts at school (Shaughnessy & Nystul, 1985).

Delinquency-Related Settings. In a study of 13-15 year old youth in a correctional facility, conflict with parents was a significant predictor of suicide attempts. Female delinquents attempted suicide two and one-half times as often as males. Additional predictors of suicide included depression, and childhood hyperactivity (Miller, Chiles & Barnes, 1982). Depression was also predicted suicidal behavior in a sample of 48 delinquent females in another study (Gibbs, 1981).

In a national survey of juvenile suicide among youth in adult jails and juvenile detention centers, suicide rates were higher in both settings than in the general population of youth. The suicide rate among youth in adult jails was higher than in juvenile detention centers (Flaherty, 1983).

Mesosystem Level Predictors

Since adolescent mesosystems are composed of the total set of microsystems, each adolescent will have a mesosystem. Due to the large number of variations in adolescent mesosystems, one example of predictors of adolescent suicide within the mesosystem will be presented. Suicide rates among Native American youth are estimated to be 10 times higher than that of white youth (Strother, 1986). Considerable variation occurs among tribal cultures, however, hoplessness and overall economic and social conditions on

reservations are commonly stated reasons for suicides. It also appears that the transitions between aspects of the mesosystem including the reservation, boarding schools and the outside influences may create stresses on American Indian youth (Thurman, 1985). High suicide rates among Native American youth need to be further examined to determine how the mesosystem for youth, including different living arrangements (e.g., reservation vs. non-reservation) may help distinguish between rates.

Exosystem Level Predictors

The adolescent exosystem is comprised of factors that indirectly influence adolescnts. One of the most obvious factors in the exosystem for youth in the United States in the media. For example, press coverage of completed adolescent suicides has been found to correlate with increases of adolescent suicides and attempts after the news reports (Bollen & Phillips, 1982; Phillips & Carstensen, 1986). The increase was more significant when the reports were repoorted over sever days, in different papers and on different television stations. Further, the increases in suicide were greater in locations where the suicide was the most publicized (Phillips & Carstensen, 1986).

The relationship between televised movies about suicide and teenage suicide is less clear. Gould and Shaffer (1986) reported an

increased teenage suicide rate in New York City after the television broadcast of three suicide movies. When the study was replicated in California and Pennsylvania using the same movies and time period, no signifcant difference was found between teenage suicide rates before and after the broadcasts (Phillips & Paight, 1987). Thus, prelimanary evidence indicates that increased adolescent suicide rates are correlated with broadcasts of true incidents, but not necessarily after fictionalized broadcasts. Due to methodological factors these studies only use data from suicide rates, not from suicide attempts. Additional information is necessary to determine if the overall suicide attempts also increase with the broadcasts.

Macrosystem Level Issue

Identifying issues in the macrosystem that predict adolescent suicide can be document through research and other established means of gathering information. Two examples of mesosystem issues relating to adolescent suicide are presented. Holinger and Offer (1981) suggest that one explanation for some increases in adolescent suicide rates may be found by examining the increases or decreases in adolescent population. When dramatic increases in adolescent suicide rates were found during the 1960s and 1970, in some cases no adjustment was made for the increasing adolescent

population. Scholars calculating rates need to be aware of this important issue.

Conflicting evidence has been found about the time of year most common for adolescent suicidal behaviors. Garfinkel et al. (1982) found the spring to be most common. The autum and winter were more common in the study by Tishler et al. (1981). Further research is needed to assess whether the time of year is a significant factor influencing adolescent suicide rates.

Interventions within the Ecological Systems

The human ecological approach to examining adolescent suicide provides potential for interventions or preventions at each level of the system. Current approaches to adolescent suicide intervention occur at several levels of the system. Examples of intervetions at each level of the system that relate to suicidal adolescents and their families will be presented.

Organism Level Interventions

Behavioral cues can family members and professionas to the potenial of suicide in an adolescent. By recognizing the symptoms of suicidal tendencies, intervetions can be started before an actual suicide attempt is occurs. Many of the signs of possible

suicide are similar to those of depression. The American Academy of Child Psychiatry suggests that when one or more of the following signs occur, professional help is recommended:

(1) changes in eating and sleeping habits;

(2) withdrawl from friends, family, and regular activities;

(3) violent or rebellious behavior;

(4) running away;

(5) drug or alcohol abuse;

(6) unusual neglect of personal appearance;

(7) radical change in personality;

(8) persistent boredom, difficulty concentrating, or a decline in the quality of school work;

(9) frequent complaints about physical symptoms related to emotions such as stomaches, headaches or fatigue;

(10) loss of interest in previously pleasurable activities; and

(11) inability to tolerate praise or rewards (Strother, 1986)

What kinds of intervention can be targeted for the individual adolescent? Interventions after suicide attempts may be developed at this level with a focus upon improving the individual adolescent's resources (Garbarino, 1985). Based upon the assumption that individuals who make suicide attempts are most likely demonstrating their inability to cope with stresses, individual

counseling and therapy can help suicidal adolescents develop the skills to deal with stress. If adolescents are socially isolated, they may need help developing social relationships (Rook, 1984). Interventions requiring individual counseling or therapy require that the adolescent enter a new microsystem for treatment.

Microsystem Level Interventions

A professional who enters a new microsystem with a suicidal adolescent can assess the particular microsystems of which an adolescent is a part. Hawton (1986, p. 105) suggests that the first step in working with suicide attempters is to assess the following issues:

(1) events that preceded the attempt;

(2) degree of suicidal intent and other reasons for the act;

(3) the individual's current problems;

(4) psychiatric disorder;

(5) family and personal history;

(6) previous psychiatric disorder or suicidal phenomena;

(7) the individual's coping resources and supports;

(8) risk of a further attempt or of a suicide;

(9) attitudes of the individual and family members toward further help.

An additional assessment issue could be added:

(10) mapping the attempter's microsystems.

This additional information can help the professional assess at what levels intervention can occur. By knowing the microsystems, the therapist can assess how the youth can receive support and encouragement.

Each microsystem can have interventins. For example, McBrien (1983) makes recommendations for school personnel to intervene at this level. Medical personnel are often the most likely referral the individual will encounter in an emergency room setting. They often make determinations about whether the adolescent needs psychiatric evaluation or should return directly to the family.

The schools have been targeted as the microsystem best equipped to implement preventin programs. Controversy exists as to whether teaching directly about suicide reduces or increases the risk. Some suicide prevention programs teach teenagers about suicide in a direct manner and encourage them to explore their feelings on the subject (Dryden & Jones, 1986; Hals, 1985).

Other educational programs use an indirect approach seeking to development of communication skills, assertiveness and coping techniques that deter the suicide attempters tendency tp passively avoid problems (Strother, 1986). The Youth Suicide National Center is developing a list of school programs on suicide prevention (Strother, 1986).

Another microsystem that recevies considerable attention is the family system. In cases of adolescent suicide attempts, intervention strategies have been presented (Walker & Mehr, 1983). When the family loses a member to suicide intervention is needed to assist the family in working through the grief and reorganizing (Bolton, 1982). Many professionals recommend treatment for the family system in cases of either attempted or completed family suiicde.

Mesosystem Level Interventions

When an adolescent enters a medical setting for treatment after a suicide attempt, reentry into other parts of the mesosystem can be challenging. Members of the microsystems may feel uncomfortable and unsure how to respond to the suicidal adolescent. Praeger and Bernhardt (1985) suggest that after a completed suicide the entire community is in need of intervention. The peer group, the church group, students at school and other groups that have been microsystems all need support and education.

Exosystem Level Interventions

Funding for adolescent suicide prevention or intervention programs generally emerges from the exosystem (Garbarino, 1985). An

example is a project funded by the California State Department of Education to develop an educational program on suicide prevention. This program is being developed for 10th graders (Strother, 1986).

Research on adolescent suicide usually occurs at the exosystem level. Although numerous articles are published each year about adolescnt suicide, most studies are descriptive at best. To truly understand adolescent suicide within the total ecoystem requires more sophisticated research that allows for investigation of causes (Bronfenbrenner, 1979). Clearer distinctions need to be made between the suicide attempters and completers. In addition, reserach variables need to be more specifically defined. For example, instead of determining that family conflict resolution is often poor in families with suicidal adolescents, researchers need to investigate how these families differ from others on specific dimensins of the variable.

Macrosystem Level Interventions

At the macrosystem level, policy implications need to be addressed. How do the existing public policies about adolescents and families impact suicidal behaviors? Prevention approaches that emerge from public policty need to emphasize family strengths and social support systems (Ladame & Jeanneret, 1992). Further study is

needed to determine the specific areas of public policy that need to be addressed.

Summary

This paper has presented the human ecological approach as an approach to considering suicidal adolescents and their families. Previous research has been presented within the levels of the ecosystem (i.e., organism, microsystem, mesosystem, exosystem, and macrosystem). By identifiying predictors of suicide at each level, interventions and preventions can also be identified at each level. Clearly, the area of adolescent suicide needs greater research and public policy attention.

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